

HEALTH PERMIT APPLICATION



CITY OF FRISCO
HEALTH AND FOOD SAFETY
6859 Main Street
Frisco, TX 75034
Main: 972.335-5580
Fax: 972.335-5579

PERMIT #: H____-____

Today's Date: _____

To Expire on _____

This form **MUST** be completed annually before Health Permit(s) are issued.

TYPE OF BUSINESS: ☐ RESTAURANT (**\$350.00**) ☐ GROCERY STORE (**\$500.00**)

☐ CONVENIENCE STORE (**\$150.00**) ☐ DAYCARE (**\$150.00**) ☐ CONCESSION (**\$50.00**)

☐ TEMPORARY (**\$50.00**) ☐ OTHER (Please define): _____

☐ POSTAGE & HANDLING FEE (**\$5.00**)

☐ **BUSINESS NAME:** _____
(APPLICANT LOCATED IN FRISCO)

CONTACT PERSON: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(PHYSICAL LOCATION IN FRISCO)

TELEPHONE: (_____) ____-_____

☐ **OWNER (INDIVIDUAL OR CORPORATION):** _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) ____-_____

PLEASE LIST NAMES OF ALL CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:

(1) CORPORATE OFFICER: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(2) CORPORATE OFFICER: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(3) CORPORATE OFFICER: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LIST DATES OF TEMPORARY OPERATION (IF APPLICABLE): _____ **THROUGH** _____
(DATE) (DATE)

Office Use Only:

Date: _____ ☐ Check # _____

Receipt Number _____ ☐ Cash